

**California Cultural and Historical Endowment  
(CCHE)  
Round Three Grant Application and Criteria  
for Planning Grants**

**Deadline Date:     March 1, 2007**

For more information, please contact:

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Website: <http://www.library.ca.gov/CCHE>

<b>V. CCHE Checklist</b>
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Submit the following information in the order that appears on this Checklist:

<b><u>Subject</u></b>	<b><u>Initials</u></b>
<b>(All Applicants)</b>	
1. 15 sets of the CCHE Grant Application Form. This includes: <div style="margin-left: 20px;"> Section One    (Parts A - E)  Section Two    (Parts A - F)  Section Three   (Parts A - E)  Section Four   (Parts A - C) </div>	_____
2. Copy of this Checklist with your initials next to each relevant section.	_____
3. Resolution from your governing body.  (You are able to submit a draft of the resolution indicating when the governing body is scheduled to approve it. Signed copies must be received by May 15, 2007 for the grant application to be considered. A sample is included in Appendix Three of this Grant Application.)	_____
4. Certification Signed by the Appropriate Representative	_____
5. Applicants Submitting Multiple Applications must provide a letter signed by the Manager/Director of the entity indicating the order of priority of the applications submitted.	_____
<b>(Nonprofit Public Benefit Corporations only)</b>	
6. One Copy of your current By-Laws	_____
7. One Copy of your current Articles of Incorporation	_____
8. Letter of Determination from the Internal Revenue Service verifying your status as a tax-exempt nonprofit public benefit corporation	_____
9. Letter from Landowner, if applicable (pursuant to Section One, Part C)	_____

**(Indian Tribes Only)**

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10. Please provide a copy of the governance procedure of your tribal organization, (i.e., a copy of your Constitution or governance laws.) \_\_\_\_\_
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11. Indian Tribes will also be asked to sign an express waiver of sovereign immunity for purposes of the CCHE grant if they are selected for a reservation of funds. \_\_\_\_\_
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<b>VI. Certification</b>
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I certify the following:

1. That the information contained in this Grant Application has been carefully reviewed for its content and accuracy and I believe it to be true and correct to the best of my ability.
2. That I understand that I waive all rights to privacy and confidentiality of the material submitted and subsequent material requested regarding this Grant Application.
3. That I understand that I may be asked to provide further information at the time of grant review and CCHE staff may ask additional questions regarding the information submitted.
4. That if any part of this information is incorrect, inaccurate or there has been a change of information about any part of the material submitted, that it be made known to CCHE as soon as possible.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

# Planning Grants

## VII. Grant Application Form

**Deadline: 3/01/07**

### Section One – ADMINISTRATIVE INFORMATION (Parts A - E)

#### Section One, Part A – General Information

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

County

State

Zip Code

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Employer Identification Number  
(EIN), if applicable: \_\_\_\_\_

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Name and Title of Project

Contact Person

\_\_\_\_\_

Name

\_\_\_\_\_

Title

Address: \_\_\_\_\_

Street

City

County

State

Zip Code

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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The specific address of the proposed Project is: (Please indicate exact street address, city, county and zip code)

Street \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip Code \_\_\_\_\_

(Please indicate district number):

State Assembly District: \_\_\_\_\_

State Senate District: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Project Site Location Latitude and  
Longitude (Please use decimal system): \_\_\_\_\_

### Section One, Part B – CCHE Funds

Division you are applying for: \_\_\_\_\_

Requested Amount from CCHE	\$ _____
(List of Components of Matching Fund Contributions)	
i. Funds already raised or committed for this Project:	\$ _____
ii. Additional funds to be raised for this Project.:	\$ _____
iii. In-Kind donations for this Project:	\$ _____

Note: i-iii should equal or exceed amount requested from CCHE. However, if you are requesting a reduction of a match, please indicate the amount your Project will commit to this Project in the space provided above.

### Section One, Part C – Property Arrangement

Do you own the property where the proposed capital assets project will take place?

Yes: ☐ No: ☐

If you do not own the property in fee simple, who owns the property and what type of property arrangement do you have with the property owner?

Name of Property Owner: \_\_\_\_\_

Type of Arrangement (MOU/Lease/Easement):  
(There are no line limitations.)

Note: Planning grant applicants must provide documentation indicating that the owner of the property has given them permission to conduct all necessary inspections, site visits, and tests and the occupy the premises for the purpose of implementing the CCHE Grant. See “Legal Permission from Property Owner” in Appendix One under CCHE Requirements.

### Section One, Part D – Historic Resource

Does your proposed planning project involve real property that is listed or eligible as a historic resource / historic landmark / historic area-neighborhood/historic significance?

Yes: ☐ No: ☐

If so, describe the status of your property:  
(There are no line limitations.)

### Section One, Part E-Multiple Applications

Will you be submitting multiple applications?

Yes: ☐ No: ☐

Please note: If you are submitting more than one grant application, you must adhere to the information under “Multiple Applications” in Appendix One under CCHE Requirements.

## Section Two –PROJECT THREAD (Parts A – F)

### Section Two, Part A – Mission, Goals and Objectives of Organization

Briefly provide the mission, goals and objectives of your organization.  
(Your response is limited to 15 lines for all three-subject areas.)

**NOTE: Indian Tribes are not required to complete Part A**

Mission:

Goals:



Objectives:

## Section Two, Part B – Significance of Thread

Please use the space below to briefly describe the thread you wish to pursue using CCHE funds. (Your response is limited to 20 lines.)

## Section Two, Part C: Current Programs Illustrating Thread

Please use the space below to briefly describe the regular programs/activities/exhibits you currently sponsor to promote the thread you wish to pursue using CCHE funds.  
(Your response is limited to 20 lines.)

### **Section Two, Part D: Overall Contribution to California Culture and History**

Please use the space below to describe how your Project thread will provide an overall contribution to California culture and history. (Your response is limited to 20 lines.)

### **Section Two, Part E: Audience**

Please describe your current audience. (Your response is limited to 15 lines.)

## Section Two, Part F: Public Access

Please describe the way in which your audience has access to your facility.  
(Your response is limited to 15 lines.)

### Section Three – Planning Documents: Description of Plan(s) (Parts A – E)

#### Section Three, Part A: Type of Plan(s) to be Pursued

Please describe the type of plan(s) you wish to pursue utilizing CCHE funds and how it will contribute to your overall capital assets project. (Your response is limited to 30 lines.)

### Section Three, Part B: Work Completed to Date

Please provide a brief summary of the plans you have already undertaken for your capital assets project. (Your response is limited to 30 lines.)

### Section Three, Part C: Information Regarding the Facility and Staff Operating Facility

- i. \*Date Organization was established:  
(When you received your EIN from the  
Internal Revenue Service) \_\_\_\_\_
- ii. If a facility current exists, what is the  
square footage? \_\_\_\_\_
- iii. If a new facility is proposed, what is the  
square footage? \_\_\_\_\_
- iv. If you are planning to acquire property,  
what is the square footage? \_\_\_\_\_
- v. If you are planning to create permanent  
exhibits, what is the square footage? \_\_\_\_\_
- vi. If the current facility is to be remodeled  
or expanded, what is the square  
footage of the remodeled area? \_\_\_\_\_
- vii. \*Date that your organization occupied  
the current square footage of the  
facility: \_\_\_\_\_
- viii. What is the proposed square foot  
increase as a result of this Project? \_\_\_\_\_

**NOTE: Division Four Applicants do not need to complete “i” and “vii”.**



### Section Three, Part D: Technical Team Members

Please list the core team members who are involved in the planning aspect of your proposed capital assets project, including but not limited to: (There are no line limitations.)

Title	Name	Previous Experience in Participating in Planning Grant Documents	Duties Regarding Planning Grant
Project Manager	Refer to Excel file		
Architect			
General Contractor			
Engineer			
Other (Specify Title)			

### Section Three, Part E: Work Plan

Please use the chart below to provide the following: (There are no line limitations.)

Type of Plan	Deliverables	Who will perform plans to be conducted	Cost	Source of funds to pay for Cost	Start Date	Completion Date
Refer to Excel file						

## Section Four-CAPACITY (Parts A – C)

### Section Four, Part A: Organizational Leadership of Staff

List individuals of your staff who will be directly responsible for working on this Project.  
(There are no line limitations.)

Name	Title	Years with Organization	Previous Experience with Planning Projects	Specific Role in this Project
Refer to Excel file				

## Section Four, Part B: Matching Funds

Please fill in the chart below to indicate how you will fulfill your 1:1 matching fund requirement:

(Cash / Pledges/In-Kind)

Source of Funding	Amount	When Pledge was/will be received	Restrictions	% of Total Match
Cash	Refer to			
Pledges				
Loans				
Lines of Credit				
List In-Kind Contributions Below*				
Labor	Excel file			
Supplies and Materials				
Equipment				
Permanent Fixtures				
Planning				
Appraisal of lease				
Appraisal of donated real property				

Total: \$\_\_\_\_\_

(total should be one half of the total cost of your planning documents)

\*Please make sure that you have read the CCHE Board policies for in-kind contributions for matching funds in Appendix One – CCHE Requirements of this grant application and include all of the necessary information needed to determine if the type of in-kind contribution can fulfill the matching fund policy.

(Division One and Two Only):

Request for a Reduction of the Matching Fund Requirement

Division One applicants may request up to a 75% reduction of their matching fund requirement.

Division Two applicants may request up to 30% reduction of their matching fund requirement.

Request for a reduction in the 1:1 matching fund requirement?

Yes: ☐ No: ☐

If yes, please use the space below to document your request for a match reduction. (Your response is limited to 25 lines.)

## Section Four, Part C: Financial Management

### Financial Management

Annual Operating Budget: \$ \_\_\_\_\_  
Cost of Plans Proposed: \$ \_\_\_\_\_

Source of Funds for Planning Documents (specify in chart below):

#### Contributed Income

Type of Donor - indicate whether it is an 1. individual 2. government 3. foundation	Amount Received	Year Received	Restricted to this Planning Documents only? (Indicate "YES" or "NO".)
	\$		

Funds to Date: \$

Type of Donor (indicate whether it is an individual, government, foundation)	Amount Given	Year Received	Restricted to Planning Documents only?

Funds to Date:

#### Earned Income

Earned Income (Specify the type of income, i.e., rental, store)	Amount Received	Year Received
\$	\$	

Funds to Date: \$ \_\_\_\_\_

Total Funds to Date:  
(Combine two  
sources above) \$ \_\_\_\_\_